

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>RECEIVED</b> 2002 OCT 24 PM 4:29 CITY CLERK CITY OF LODI	<b>CALIFORNIA</b> 2001/02 <b>FORM 460</b>
Page <u>1</u> of <u>20</u>	
For Official Use Only	

Statement covers period from <u>September 22, 2002</u> through <u>October 19, 2002</u>	Date of election if applicable: (Month, Day, Year) <u>November 5, 2002</u>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |   |   |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><i>(Also Complete Part 5)</i>    | <input type="checkbox"/> Ballot Measure Committee<br><input type="radio"/> Primarily Formed<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee | <input checked="" type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Preelection Statement            | <input type="checkbox"/> Quarterly Statement                                     |
| <input type="checkbox"/> Semi-annual Statement                       | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement                       | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)<br>_____<br>_____ |  |

**3. Committee Information**

I.D. NUMBER  
**1244696**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

**JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN**

STREET ADDRESS (NO P.O. BOX)

**1022 DOWNING DRIVE**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>LODI</b>	<b>CA</b>	<b>95242</b>	<b>209-333-5325</b>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

**SAMUEL TOLSON**

MAILING ADDRESS

**431-B SOUTH HAM LANE**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>LODI</b>	<b>CA</b>	<b>95242</b>	<b>209-334-1065</b>

NAME OF ASSISTANT TREASURER, IF ANY

**ROMANA ZAMORA**

MAILING ADDRESS

**431-B SOUTH HAM LANE**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>LODI</b>	<b>CA</b>	<b>95242</b>	<b>209-334-1065</b>

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/24/2002  
Date

Executed on 10/24/2002  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

JOHN BECKMAN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

LODI CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1022 DOWNING DRIVE LODI CA 95242

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>September 22, 2002</u> through <u>October 19, 2002</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>20</u>	I.D. NUMBER <b>1244696</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>7397.00</u>	\$ <u>19119.00</u>
2. Loans Received ..... Schedule B, Line 3		<u>-0-</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>7397.00</u>	\$ <u>19119.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>2000.00</u>	<u>2700.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>9397.00</u>	\$ <u>21819.00</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>7567.80</u>	\$ <u>10403.81</u>
7. Loans Made ..... Schedule H, Line 3	<u>-0-</u>	<u>-0-</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>7567.80</u>	\$ <u>10403.81</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>-0-</u>	<u>-0-</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>-0-</u>	<u>-0-</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>7567.80</u>	\$ <u>10403.81</u>

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>8885.99</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>7397.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>-0-</u>
15. Cash Payments ..... Column A, Line 8 above	<u>7567.80</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>8715.19</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>-0-</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ <u>-0-</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>-0-</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from September 22, 2002  
through October 19, 2002

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER  
**1244696**

JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/25/2002	CHARLENE AND BRAD LANGE 1298 W. JAHANT ROAD ACAMPO, CA 95220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FARMER LANGETWINS PARTNERSHIP	250.00	500.00	500.00
10/02/2002	LODI GAS STORAGE PO BOX 230 ACAMPO, CA 95220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CORPORATION	500.00	500.00	500.00
09/30/2002	JOHN LEDBETTER 1377 E. LODI AVENUE LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FARMER VINO FARMS	200.00	200.00	200.00
9/30/2002	RAQUEL THOMPSON 21030 NORTH DAVIS ROAD LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FARMER SELF EMPLOYED	100.00	100.00	100.00
09/30/2002	VINO FARMS 1377 E. LODI AVE LODI, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CORPORATION	200.00	200.00	200.00

## Schedule A Summary

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 6850.00
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 547.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 7397.00

### \*Contributor Codes

IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>September 22, 2002</u> through <u>October 19, 2002</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>20</u>

NAME OF FILER <b>JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN</b>	I.D. NUMBER <b>1244696</b>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/02/2002	DELORES DAYTON 539 WILLOW GLEN DRIVE LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	100.00	200.00	200.00
10/02/2002	THOMAS DOUCETTE 1909 MINOSA DRIVE LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED DEVELOPER	100.00	100.00	100.00
10/02/2002	BARBARA DOUCETTE 1909 MINOSA DRIVE LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED DEVELOPER	100.00	100.00	100.00
10/04/2002	ROBERT MULLEN 10 S AVENA LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED - NONE	100.00	125.00	125.00
10/05/2002	GREGORY SOLIGAN 1302 MILLSBRIDGE PL. LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED PAINT STORE OWNER	100.00	100.00	100.00
<b>SUBTOTAL \$</b>				<b>500.00</b>		

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>September 22, 2002</u> through <u>October 19, 2002</u>		<b>CALIFORNIA FORM 460</b> Page <u>6</u> of <u>20</u> I.D. NUMBER <b>1244696</b>

NAME OF FILER

JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN

DATE RECEIVED	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/08/2002	WALTER PRUSS 2421 DIABLE DRIVE LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	200.00	200.00	200.00
10/02/2002	JAMES BAUM 1225 RIVERGATE DRIVE LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED MOBILE DEVELOP	200.00	200.00	200.00
10/01/2002	STANTON LANGE 20630 NORTH DE VRIES ROAD LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LANGETWINS PARTNERSHIP FARMER	100.00	100.00	100.00
10/04/2002	RICHARD RIPKEN 14300 NRTH DE VRIES ROAD LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FARMER SELF EMPLOYED	200.00	200.00	200.00
10/08/2002	LODI GAS STORAGE PO BOX 230 ACAMPO, CA 95220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CORPORATION	100.00	600.00	600.00
SUBTOTAL \$				800.00		

\*Contributor Codes

IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>September 22, 2002</u> through <u>October 19, 2002</u>		<b>CALIFORNIA FORM 460</b> Page <u>7</u> of <u>20</u>
NAME OF FILER <b>JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN</b>		
		I.D. NUMBER <b>1244696</b>

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/07/2002	JAMES VERSEPUT 2120 W. LODI AVENUE LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE AGENT SCHAFER SUESS & BOYD	100.00	100.00	100.00
10/03/2002	JOHN LAUCHLAND 15766 N. DE VRIES ROAD LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED FARMER	200.00	1200.00	1200.00
10/12/2002	CLEO KIRST 10 W. DAISY AVE LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED BUSINESS OWNER	400.00	400.00	400.00
10/11/2002	STEPHEN FURRY 15740 NORTH DE VRIES ROAD LODI, CA 5242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FARMER SELF EMPLOYED	100.00	100.00	100.00
10/10/2002	NICK SPANOS 306 SHADY ACRES DRIVE LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED LAKEWOOD DRUG	500.00	1000.00	1000.00
SUBTOTAL \$				1300.00		

\*Contributor Codes  
 IND - Individual  
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       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>September 22, 2002</u> through <u>October 19, 2002</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN</b>	I.D. NUMBER <b>1244696</b>
--	-------------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2002	AGUIRRE & ASSOCIATES INSURANCE BROKERS INC. PO BOX 2101 LODI, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CORPORATION	400.00	400.00	400.00
10/15/2002	RUSSELL MUNSON 1530 EDGEWOOD LODI, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			100.00	100.00
10/15/2002	S. J. TUDOR 18741 OLIVE STREET WOODBIDGE, CA 95258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			100.00	100.00
10/14/2002	BRAD AND CHARLENE LANGE 1298 W. JAHANT ROAD ACAMPO, CA 95220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			700.00	700.00
10/11/2002	LARRY CASTELANELLI 401 WEST ARMSTRONG LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DAIRYMAN CASTELANELLI BROS.	200.00	200.00	200.00

\*Contributor Codes

IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee



**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  
 from September 22, 2002  
 through \_\_\_\_\_

**CALIFORNIA**  
**FORM 460**  
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 I.D. NUMBER  
 1244696

NAME OF FILER

JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2002	SCOTT VOGEL 7322 PEZZI ROAD STOCKTON, CA 95215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VICE PRINCIPAL LODI UNIFIED SCHOOL DISTRICT	100.00	200.00	200.00
10/11/2002	DIEGO OLAGARY 19365 WINDWOOD DRIVE WOODBIDGE, CA 95258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED FARMER	200.00	200.00	200.00
10/14/2002	RICHARD SANBORN PO BOX 1057 LODI, CA 95241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER SANBORN CHEVROLET	200.00	300.00	300.00
10/15/2002	EDWARD SPRAGUE 19015 NORTH DAVIS ROAD LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FARMER SELF EMPLOYED	500.00	500.00	500.00
10/11/2002	LOUIS MEYER 10644 OAKWILDE AVE. STOCKTON, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO AMR	1000.00	1000.00	1000.00
<b>SUBTOTAL \$</b>				2000.00		

Contributor Codes

IND - Individual

COM - Recipient Committee  
 (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from September 22, 2002  
through October 19, 2002

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN

I.D. NUMBER

1244696

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS</b>						\$ _____	\$ _____	\$ _____

## Schedule B Summary

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ NONE  
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period ..... \$ NONE  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** NONE  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

\*Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

† Contributor Codes

IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

**Schedule B – Part 2**  
**Loan Guarantors**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period  
from September 22, 2002  
through October 19, 2002

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN

I.D. NUMBER

1244696

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  \$ _____ PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  \$ _____ PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  \$ _____ PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  \$ _____ PER ELECTION (IF REQUIRED)	
			<b>SUBTOTAL \$</b>		<b>NONE</b>	Enter on Summary Page, Line 17 only

**Schedule C**  
**Nonmonetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from September 22, 2002  
through October 19, 2002

SCHEDULE C

CALIFORNIA  
FORM **460**

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I.D. NUMBER

1244696

SEE INSTRUCTIONS ON REVERSE

JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/04/02	KIRSTEN POORE & TOLSON 431-B SOUTH HAM LANE LODI, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ACCOUNTING PARTNERSHIP	ACCOUNTING SERVICES	1500.00	1500.00	1500.00
10/15/02	WINE & ROSES 2505 WEST TURNER LODI, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WINE AND ROSES RESTAURANT & INN	FACILITIES USAGE & CATERING	500.00	500.00	500.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
Attach additional information on appropriately labeled continuation sheets.					<b>SUBTOTAL \$</b>	2000.00	

**Schedule C Summary**

1. Amount received this period – nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ 2000.00

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ -0-

3. Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** 2000.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULED

Statement covers period  
 from September 22, 2002  
 through October 19, 2002

CALIFORNIA  
 FORM **460**

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SEE INSTRUCTIONS ON REVERSE

JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN

1244696

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>						

**Schedule D Summary**

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ NONE
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ NONE
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** NONE

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period from <u>September 22, 2002</u> through <u>October 19, 2002</u>	<b>CALIFORNIA FORM 460</b>
Page <u>14</u> of <u>20</u>	I.D. NUMBER <b>1244696</b>

NAME OF FILER

JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
<b>SUBTOTAL \$</b>				<b>NONE</b>		

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	September 22, 2002	
through	October 19, 2002	Page 15 of 20

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN

I.D. NUMBER

1244696

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTERED NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US POSTMASTER LODI, CALIFORNIA 95240	POS	POSTAGE	444.00
SOUTH ASIAN CULTURE CUB LODI CALIFORNIA	PRT	ADVERTISING	125.00
STEVE REID 3333 COUNTRY CLUB BLVD STOCKTON, CALIFORNIA	LIT	PRINTING CAMPAIGN LITERATURE/BROCHURES	6500.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			<b>SUBTOTAL \$ 7169.00</b>

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 7257.53
2. Unitemized payments made this period of under \$100	\$ 310.27
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 7567.80</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	September 22, 2002	
through	October 19, 2002	Page 16 of 20
NAME OF FILER		I.D. NUMBER
JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN		1244696

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ORCHARD SUPPLY LODI, CALIFORNIA	CMP	STAKES FOR SIGNS	188.53

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 188.53**

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC



## Schedule F

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from September 22, 2002  
through October 19, 2002

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NAME OF FILER

JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN

I.D. NUMBER  
1244696

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

**CMP** campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL	candidate filing/ballot fees
-----	------------------------------

FND fundraising events

**ND** independent expenditure supporting/opposing others (explain):

LEG legal defense

UT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

BAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEI TV or cable airtime and production costs

TRC candidate travel, lodging, and meals

TBS staff/spouse travel, lodging, and meals

TSE transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$	\$	\$	\$
--------------	----	----	----

## Schedule F Summary

- |  |  |
|--|--|
| <p>1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.).....</p> <p>2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.).....</p> <p>3. Net change this period. (<b>Subtract</b> Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) .....</p> | <p><b>INCURRED TOTALS \$</b> _____ <b>NONE</b></p> <p><b>PAID TOTALS \$</b> _____ <b>NONE</b></p> <p><b>NET \$</b> _____ <b>NONE</b></p> |
|--|--|
- May be a negative number

May be a negative number

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE G

Statement covers period from <u>September 22, 2002</u> through <u>October 19, 2002</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN

I.D. NUMBER

1244696

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

NONE

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC

Statement covers period  
from September 22, 2002  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN

I.D. NUMBER 1244696	
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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER IF SELF-EMPLOYED, ENTER NAME OF BUSINESS		(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	CALENDAR YEAR	PER ELECTION**	DATE INCURRED
				\$	\$	\$ <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ DATE DUE	\$ RATE %	\$ DATE INCURRED		CALENDAR YEAR	PER ELECTION**	DATE INCURRED
				\$	\$	\$ <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$ DATE DUE	\$ RATE %	\$ DATE INCURRED		CALENDAR YEAR	PER ELECTION**	DATE INCURRED
SUBTOTALS													
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.													

(Enter (e) on  
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period ..... \$ NONE  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans ..... \$ NONE  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ NONE  
(Enter the net here and on the Summary Page, Column A, Line 7.)  
(May be a negative number)

\*\*If Required

**Schedule I**  
**Miscellaneous Increases to Cash**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE I

Statement covers period  
 from September 22, 2002  
 through October 19, 2002

**CALIFORNIA**  
**FORM** **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN BECKMAN - COMMITTEE TO ELECT JOHN BECKMAN

I.D. NUMBER

1244696

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

NONE

**Schedule I Summary**

- Increases to cash of \$100 or more this period. .... \$ NONE
- Unitemized increases to cash under \$100 this period. .... \$ NONE
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .... \$ NONE
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... TOTAL \$ NONE